

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-28-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alfred L. Gordon
Address: P.O. Box 6001
SAVANNAH, GA. 31414

Telephone: 912-507-9288
Fax: 912-234-3259
Other: 912-961-7512
Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application – Class C Taxi <input type="checkbox"/> Application – Class C Charter <input checked="" type="checkbox"/> Application – Class C Charter Bus <input type="checkbox"/> Application – Class C Non-Emergency <input type="checkbox"/> Application – Class E Household Goods <input type="checkbox"/> Application – Class E Hazardous Waste <input type="checkbox"/> Application <input type="checkbox"/> Request for Extension to Comply with Order <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded <input type="checkbox"/> Request for Cancellation of Certificate <input type="checkbox"/> Request for Suspension <input type="checkbox"/> Request for Reinstatement <input type="checkbox"/> Request for Name Change on Certificate | <ul style="list-style-type: none"> <input type="checkbox"/> Request to Amend Scope of Authority <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) <input type="checkbox"/> Request to Amend Passenger Limit <input type="checkbox"/> Request <input type="checkbox"/> Exhibit <input type="checkbox"/> Late-Filed Exhibit <input type="checkbox"/> Letter <input type="checkbox"/> Proposed Order <input type="checkbox"/> Publisher's Affidavit <input type="checkbox"/> Reservation Letter <input type="checkbox"/> Response <input type="checkbox"/> Return to Petition <input type="checkbox"/> Other: _____ |
|--|--|

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

(Signature)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
DOCKETING DEPARTMENT
101 Executive Center Drive
Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS C - CHARTER BUS

DATE Dec. 29, 2008

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

GRACE TOURS, LLC

2. (a) Street Address of Applicant 908 MILL ROAD

SAVANNAH, GA. 31419 31414

- (b) Mailing address, if different from street address

P.O. BOX 6001- SAVANNAH, GA. 31419

- (c) Telephone Number 912-657-7677 EIN SS No.

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier

Date: 29 Dec 2008

(Applicant)

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for:

GRACE TOURS, LLC.

(Name of Motor Carrier)

908 MILL DRIVE - SAVANNAH, GA 31419

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of 12 months.

Minimum Limits: 16 or more passengers - 25,000/300,000/10,000
(Intrastate Only)

NEW HAMPSHIRE INSURANCE COMPANY

(Insurance Company Name)

/
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

DATE (MM/DD/YYYY)
11/20/2008

TRIP

EFFECTIVE				EXPIRATION			
DATE	TIME			DATE	TIME		
11/20/2008	12:01	X	AM	12/20/2008	X	12:01 AM	
			PM			NOON	

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #

DESCRIPTION OF OPERATIONS/VEHICLE/PROPERTY (including location)

See Schedule Attached

LIMITS

TYPE OF INSURANCE		COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	CAUSER OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>				
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				
RETRO DATE FOR CLAIMS MADE					
AUTOMOBILE LIABILITY		Policy #BN11200809			
ANY AUTO		Policy Period 11/20/08-09			
<input checked="" type="checkbox"/>	ALL OWNED AUTOS				
<input checked="" type="checkbox"/>	SCHEDULED AUTOS				
<input checked="" type="checkbox"/>	HIRED AUTOS				
<input checked="" type="checkbox"/>	NON-OWNED AUTOS				
RETRO DATE FOR CLAIMS MADE					
AUTO PHYSICAL DAMAGE					
<input checked="" type="checkbox"/>	DEDUCTIBLE	ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES			
<input checked="" type="checkbox"/>	2,000	Policy #BN11200809			
<input checked="" type="checkbox"/>	2,000	Policy Period 11/20/08-09			
RETRO DATE FOR CLAIMS MADE					
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RENDER - GRACE THIRG

Name: Abraham Pastell / d/b/a GRACE TOURSU.S.D.O.T. No. 11615832 ICC No. MC597265

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory ✓

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

APPLICANT'S OATH

I, Abraham Pastell, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

x Abraham Pastell
(Applicant's Signature)
Abraham Pastell

Swearing to before me

At _____

This 12 day of Jan, 2009Jenny F. BrownCommission Expires _____
JENNY F. BROWN

NOTARY PUBLIC

CHATHAM COUNTY

STATE OF GEORGIA

My Commission Expires October 8, 2012

5

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

G.R.A.C.E. TOURS, LLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 03/15/2007 changing its name to

GRACE TOURS, LLC

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on March 15, 2007



Karen C Handel
Secretary of State



Karen C. Handel
Secretary Of State

Office Of The Secretary Of State
Corporations Division

Date Filed: 03/15/2007 12:00 AM
Karen C Handel
Secretary of State

Certificate Of Amendment
To Articles of Organization

Article One

The Name Of The Limited Liability Company Is:

G. R. A. C. E. TOURS, LLC

Article Two

The Date The Articles Of Organization Were Filed Was:

MARCH 07, 2007

Article Three

The Limited Liability Company Hereby Adopts The Following Amendment To Change The Name
Of The Organization. The New Name Of The Organization Is:

GRACE TOURS, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate Of Amendment

On MARCH 15, 2007
(Date)

[Signature]
(Signature And Capacity In Which signing)

State of Georgia
Expedite Amend/Restate 1 Page(s)



T0707403804

STATEMENT OF SAFETY AWARENESS

&

STATEMENT CERTIFYING IDENTIFICATION OF VEHICLES

For:

GRACE TOURS, LLC

Carrier Name

I hereby certify knowledge of applicable state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

GEORGIA PUBLIC SERVICE COMMISSION

Transportation Unit

244 Washington Street S.W.

Atlanta, Georgia 30334-5701

I certify that all vehicles to be operated under the authority granted by the Georgia Public Service Commission will be durably marked on both sides of the body or cab the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of 50 feet while the vehicle is not in motion, with the following information:

- (1) Legal name or single trade name;
- (2) Principle place of domicile (for vehicles with a GVWR under 10,000 lbs. or vehicles with a GVWR over 43,000 lbs.)^{1 2}
- (3) Assigned USDOT number (for vehicles with a GVWR over 10,000 lbs.)

Subscribed and sworn to before me,

13

this day of

March

Abraham B. B. B.

(Signature of applicant or authorized person - USE BLUE INK)

20 07

Owner

(Title)

CHERYL W. DAVID

Notary Public, Chatham County, GA

912-921-3222

Notary Signature (USE BLUE INK) My Commission Expires February 14, 2009

(Telephone Number)

My Commission Expires: Feb 14, 2009

¹ The city and state of your principal place of business.

² GVWR means the Gross Vehicle Weight Rating. This rating is applied by the vehicle manufacturer to the vehicle chassis and cannot be changed, except by the manufacturer.

PROCESS AGENT

If your company is based in a state other than Georgia please list below your process agent for the state of Georgia.

Name LOGISTEC / TTS RESIDENCE Street P.O. Box
City FLORENCE State SC Zip 29504
Telephone # (843) 665-4968 e-mail Address: _____
FAX - 843-665-5073 ATTN: Bobbie

INTERSTATE AUTHORITY

Do you hold authority from the Federal Highway Administration? ☒ Yes () No
If the answer is Yes, please give your MC Number, MC _____

Does your company have a U.S. Dot Number? ☒ Yes () No
If Yes, please give your U.S. Dot Number, U.S. DOT No. 1615832

SAFETY AWARENESS

Is your company familiar with the GPSC's safety and/or hazardous materials regulations and are you prepared to conduct your operation in accordance with these regulations? ☒ Yes () No

Will your company maintain its vehicles used in transportation for compensation under its motor carrier of passenger permit in a safe operating condition and in compliance with the GPSC's safety and hazardous materials rules and regulations? ☒ Yes () No

Please provide physical address in Georgia, of office or terminal where documents supporting your safety program can be inspected. 1801 ARCHER STR - SAVANNAH, GA.

Please give a general overview of the types of buses and seating capacity of each that you intend to operate below; i.e., vans, mini buses, motor coaches, etc. (This is not the proper application for sport utility vehicles designed to transport 14 or less passengers or luxury limousines)

55 PASSENGER - MOTOR COACH

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (State penalties as prescribed by law.)

Subscribed and sworn to before me,

13
this _____ day of March

20 07

Abraham B. Bates
(Signature of applicant or authorized person - USE BLUE INK)

Owner
(Title)

CHERYL W. DAVID

Notary Public, Chatham County, GA

My Commission Expires February 14, 2009

Notary Signature (USE BLUE INK) and Seal

(Telephone Number)

My Commission Expires: Feb. 14, 2009



US DOT #
1615832

Legal: GRACE TOURS LLC
Operating (DBA):

MC/MX #: 597265

Federal Tax

Review Type: Safety Audit - New Entrant - Receipt

Scope: Entire Operation

Location of Review/Audit: Company facility in the U. S.

Territory: I

Operation Types: Interstate Intrastate

Carrier: Non-HM N/A
Shipper: N/A N/A
Cargo Tank: N/A

Business: Corporation
Gross Revenue: \$0.00

for year ending: 12/31/2006

Company Physical Address:

908 MILL DRIVE
SAVANNAH, GA 31414

Contact Name: Alfred L Gordon

Phone numbers: (1) 912-352-8484

(2) 912-236-6024

Fax

E-Mail Address:

Company Mailing Address:

PO BOX 6001
SAVANNAH, GA 31419

Report Summary

Report

of Pages

Part A - General
Part B - Questions & Answers
Part B - Proposed Result
Part B - Recommendations
Review/Audit Receipt Page

2

7

1

2

1

Total Pages

13

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety or
Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

Atlanta Federal Center 2 Crown Center
1745 Pheonix Blvd STE 380 Atlanta, GA 30349
Phone: 678-284-5130

Fax: 678-284-5146

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed

Name: Alfred L. Gordon

Title: Safety Consultant

Name:

Title:

Reported By:

Title:

Code: GA0198

Date: 5/21/2007

Received By:

Title:

5/21/2007 1:43:05 PM

Page 1 of 1



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US DOT #
1615632

Legal: GRACE TOURS LLC
Operating (DBA):

MC/MX #: 597265

Federal Tax I

Review Type: Safety Audit - New Entrant

Scope: Entire Operation

Location of Review/Audit: Company facility in the U. S.

Territory: I

Operation Types: Interstate Intrastate

Carrier: Non-HM N/A

Shipper: N/A N/A

Cargo Tank: N/A

Business: Corporation

Gross Revenue: \$0.00

for year ending: 12/31/2006

Company Physical Address:

908 MILL DRIVE
SAVANNAH, GA 31414

Contact Name: Alfred L Gordon

Phone numbers: (1) 912- 352-8484

(2) 912-236-6024

Fax

E-Mail Address:

Company Mailing Address:

PO BOX 6001
SAVANNAH, GA 31419

Carrier Classification

Authorized for Hire

Cargo Classification

Passengers

Does carrier transport placardable quantities of HM? No

Is an HM Permit required? N/A

Driver Information

Inter Intra

< 100 Miles:

>= 100 Miles: 1

Average trip leased drivers/month: 0

Total Drivers: 1

CDL Drivers: 1

Equipment

Owned Term Leased Trip Leased

Owned Term Leased Trip Leased

Motor Coach

1

0

0

Power units used in the U.S.: 1

Percentage of time used in the U.S.: 100





GRACE TOURS LLC
U.S. DOT #: 1615832

Review Date
05/21/2007

Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or
Hazardous Materials rules may be addressed to the Office of Motor Carriers at:

Atlanta Federal Center 2 Crown Center
1745 Peachtree Blvd STE 380 Atlanta, GA 30349
Phone: 678-284-5130

Fax: 678-284-5146

This SAFETY AUDIT will be used to assess your safety compliance.

Person(s) Interviewed

Name: Alfred L Gordon

Name:

Title: Safety Consultant

Title:





Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question General # 1 - Section # 387.7(a) Acute

Does the carrier have the required minimum level of financial responsibility in effect?

Answer
Yes

Comments

Question General # 2 - Section # 387.7(d) Critical

Does the carrier have required proof of financial responsibility?

Answer
No *

Comments

There is no copy of the MCS-90 on file. Driver Calvin Ford, Trip date 5-19-07, VIN#2P9H3340XR1001024

Question General # 3 - Section # 390.15(b)(1)

Can the carrier provide a complete accident register of recordable accidents?

Answer
N/A

Comments

Question General # 4 - Section # 390.15(b)(2) Critical

Does the carrier have copies of all accident reports required by States or other government entities or insurers?

Answer
N/A

Comments

Question General # 5 - Section # 390.3(e)

Is the carrier knowledgeable of the FMCSRs/HMRs?

Answer
Yes

Comments

Question General # 6 - Section # 390.21

Does the carrier know the commercial motor vehicles marking requirements?

Answer
Yes

Comments

Question Driver # 1 - Section # 391.51(a) Critical

Does the carrier maintain complete driver qualification files?

Answer
No *

Comments

There is no evidence that the carrier maintains complete driver qualification files. Driver Calvin Ford, Trip date 5-19-07, VIN#2P9H3340XR1001024

Question Driver # 2 - Section # 391.11(b)(4) Acute

Is the carrier using physically qualified drivers?

Answer
Yes

Comments

Question Driver # 3 - Section # 391.45(a), 391.45(b) Critical

Does available evidence indicate the motor carrier has used a driver without a medical certificate or with an expired medical certificate?

Answer
Yes *

Comments

There is no evidence that the carrier has used a driver with a valid medical certificate. Driver Calvin Ford, Trip date 5-19-07, VIN#2P9H3340XR1001024

Question Driver # 4 - Section # 391.15(a) Acute

Is the carrier using any disqualified drivers?

Answer
No

Comments





Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Driver # 5 - Section # 391.51(b)(2) Critical

Does the carrier maintain driving and employment history inquiry data in driver qualification files?

Answer
No *

Comments

There is no evidence that the carrier maintains driving and employment history inquiry data in driver qualification files.
Driver Calvin Ford, Trip date 5-19-07, VIN#2P9H3340XR1001024

Question Driver # 6 - Section # 382.115(a) Acute

Has the carrier implemented an alcohol and/or controlled substances testing program?

Answer
Yes

Comments

Question Driver # 7 - Section # 382.213(b) Acute

Has the carrier used drivers who have used controlled substances?

Answer
No

Comments

Question Driver # 8 - Section # 382.215 Acute

Has the carrier used a driver who has tested positive for a controlled substance?

Answer
No

Comments

Question Driver # 9 - Section # 382.201 Acute

Has the carrier used a driver known to have an alcohol concentration of 0.04 or greater?

Answer
No

Comments

Question Driver # 10 - Section # 382.505(a) Acute

Has the carrier used a driver found to have an alcohol concentration of .02 or greater but less than .04 within 24 hours of being tested?

Answer
No

Comments

Question Driver # 11 - Section # 382.301(a) Critical

Has the carrier ensured that drivers have undergone testing for controlled substances prior to performing a safety sensitive function?

Answer
No *

Comments

There is no evidence that the carrier ensured that drivers undergo testing for controlled substances test prior to performing a safety sensitive function. Driver Calvin Ford, Trip date 5-19-07, VIN#2P9H3340XR1001024

Question Driver # 12 - Section # 382.303(a) Critical

Has the carrier conducted post accident testing on drivers for alcohol and/or controlled substances?

Answer
N/A

Comments

Question Driver # 13 - Section # 382.305 Acute

Has the carrier implemented random testing program?

Answer
Yes

Comments

Question Driver # 14 - Section # 382.305(b)(1) Critical

Has the carrier conducted random alcohol testing at an annual rate of not less than the applicable annual rate of the average number of driver positions?

Answer
Yes

Comments





Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Driver # 15 - Section # 382.305(b)(2) Critical

Has the carrier conducted controlled substance testing at an annual rate of not less than the applicable annual rate of the average number of driver positions?

Answer
Yes

Comments

Question Driver # 16 - Section # 40.305(a)

Has the carrier conducted the required return-to-duty tests on employees returning to safety-sensitive functions?

Answer
N/A

Comments

Question Driver # 17 - Section # 40.309(a)

Is the carrier conducting follow-up testing as directed by the Substance Abuse Professional?

Answer
N/A

Comments

Question Driver # 18 - Section # 382.211 Acute

Has the carrier used a driver who has refused to submit to an alcohol or controlled substances test required under Part 382?

Answer
N/A

Comments

Question Driver # 19 - Section # 382.503 Critical

Has the carrier used a Substance Abuse Professional as required by 49 CFR Part 40 Subpart O?

Answer
N/A

Comments

Question Driver # 20 - Section # 383.23(a) Critical

Has a driver operated a commercial motor vehicle without a current operating license, or a license, which hasn't been properly classed and endorsed?

Answer
No

Comments

Question Driver # 21 - Section # 383.37(a) Acute

Has the motor carrier allowed its drivers whose CDLs have been suspended, revoked or canceled by a state, have lost the right to operate a CMV in a State, or have been disqualified from operating a CMV to operate a commercial motor vehicle?

Answer
No

Comments

Question Driver # 22 - Section # 383.51(a) Acute

Has the motor carrier knowingly allowed, required, permitted, or authorized a driver to drive who is disqualified to drive a commercial motor vehicle?

Answer
No

Comments

Question Operation #1 - Section # 395.8(a) Critical

Does the carrier require drivers to make a record of duty status?

Answer
No *

Comments

There is no evidence that the carrier require drivers to make a record of duty status. Driver Calvin Ford, Trip date 5-19-07, VIN#2P9H3340XR1001024





Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Operation #2 - Section # 395.8(i) Critical

Does the carrier require drivers to submit records of duty status within 13 days?

Answer

N/A

Comments

Question Operation #3 - Section # 395.8(k)(1) Critical

Can the carrier produce records of duty status and supporting documents for selected drivers?

Answer

N/A

Comments

Question Operation #4 - Section # 395.3(a)(1) Critical

Has the carrier allowed driver(s) to exceed the 11-hour rule? (Property)

Answer

N/A

Comments

Question Operation #5 - Section # 395.3(a)(2) Critical

Has the carrier allowed driver(s) to exceed the 14-hour rule? (Property)

Answer

N/A

Comments

Question Operation #6 - Section # 395.3(b)(1) Critical

Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Property)

Answer

N/A

Comments

Question Operation #7 - Section # 395.3(b)(2) Critical

Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Property)

Answer

N/A

Comments

Question Operation #8 - Section # 395.5(a)(1) Critical

Has the carrier allowed driver(s) to exceed the 10 hour rule? (Passenger)

Answer

N/A

Comments

Question Operation #9 - Section # 395.5(a)(2) Critical

Has the carrier allowed driver(s) to exceed the 15 hour rule? (Passenger)

Answer

N/A

Comments

Question Operation #10 - Section # 395.5(b)(1) Critical

Has the carrier allowed driver(s) to drive after having been on duty more than 60 hours in 7 consecutive days? (Passenger)

Answer

N/A

Comments

Question Operation #11 - Section # 395.5(b)(2) Critical

Has the carrier allowed driver(s) to drive after having been on duty more than 70 hours in 8 consecutive days? (Passenger)

Answer

N/A

Comments





GRACE TOURS LLC

U.S. DOT #: 1615832

Review Date

05/21/2007

Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Operation #12 - Section # 395.8(e) Critical

Does available evidence indicate a selected driver has prepared a false record of duty status?

Answer

N/A

Comments**Question** Operation #13 - Section #

Does the carrier adhere to a disciplinary policy for noncompliance with Part 395?

Answer

N/A

Comments**Question** Operation #14 - Section # 395.1(e)

Does the carrier have a system for recording hours of duty status on 100- mile radius drivers, and are they properly utilizing the 100 air-mile radius exemption?

Answer

N/A

Comments**Question** Operation #15 - Section # 392.2 Critical

Does the motor carrier ensure that drivers operate commercial motor vehicles in accordance with the laws, ordinances, and regulations of the jurisdictions in which they are operating?

Answer

Yes

Comments**Question** Operation #16 - Section # 392.9(a)(1) Critical

Does the carrier ensure that drivers are not permitted to drive a vehicle without the cargo properly distributed and adequately secured?

Answer

Yes

Comments**Question** Operation #17 - Section # 392.4(b) Acute

Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, narcotic drugs, amphetamines, or any other substances capable of rendering the drivers incapable of safely operating motor vehicles?

Answer

N/A

Comments**Question** Operation #18 - Section # 392.5(b)(1) Acute

Have any drivers operated a commercial motor vehicle while under the influence of, or in possession of, intoxicating beverages?

Answer

N/A

Comments**Question** Operation #19 - Section # 392.5(b)(2) Acute

Have any drivers operated a commercial motor vehicle within 4 hours of having consumed intoxicating beverages?

Answer

N/A

Comments**Question** Maintenance # 1 - Section # 396.3(b) Critical

Can the carrier produce maintenance files for requested vehicle(s)?

Answer

Yes

Comments



Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Maintenance # 2 - Section # 396.17(a) Critical

Can the motor carrier produce evidence of periodic (annual) inspections for selected vehicles?

Answer
Yes

Comments

Question Maintenance # 3 - Section # 396.11(a) Critical

Does the motor carrier require drivers to complete vehicle inspection reports daily?

Answer
N/A

Comments

Question Maintenance # 4 - Section # 396.11(c) Acute

Does the carrier ensure that out-of-service defects listed by the driver in the driver vehicle inspection reports are corrected before the vehicle is operated again?

Answer
N/A

Comments

Question Maintenance # 5 - Section # 396.9(c)(2) Acute

Does the carrier ensure vehicles that have been declared "out-of-service" do not operate before repairs have been made?

Answer
N/A

Comments

Question Maintenance # 6 - Section # 396.19

Is the carrier using qualified inspectors (mechanic) and maintaining evidence of the inspector's qualifications?

Answer
Yes

Comments

Question Maintenance # 7 - Section # 396.3

Can the carrier explain its systematic, periodic maintenance program?

Answer
Yes

Comments

Question Other # 1 - Section # 375.211

Does the carrier participate in an Arbitration Program?

Answer
N/A

Comments

Question Other # 2 - Section # 13702

Does the carrier assess shipper freight charges based upon published tariffs?

Answer
N/A

Comments

Question Other # 3 - Section # 375.401(c)

Does the carrier provide reasonably accurate estimates of moving charges?

Answer
N/A

Comments

Question Other # 4 - Section # 375.407(a), 375.703(b)

Has the carrier avoided "hostage freight" or other predatory practices?

Answer
N/A

Comments





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Part B - Questions and Answers

An asterisk (*) beside an answer indicates an area of non-compliance by the motor carrier, and negatively affects the results of the audit.

Question Other # 5 - Section # 387.301(a), 387.301(b)

Does the HHG carrier have sufficient levels of public liability and cargo insurance?

Answer

N/A

Comments

Question Other # 6 - Section # 13901

Is the motor carrier authorized to conduct interstate operations in the United States?

Answer

Yes

Comments

Note: No Hazardous Materials questions were asked because the carrier does not carry Hazardous Materials in Interstate Commerce.





Part B

Your Proposed Safety Audit Result is: **PASS**

Explanation of Scoring Methodology

Factor	Failed Questions		Performance Test Status	Total Points	Factor Status
	Critical	Acute			
1. General	1	0	-	1	PASS
2. Driver	4	0	-	4	FAIL
3. Operations	1	0	-	1	PASS
4. Maintenance	0	0	PASS	0	PASS
5. Hazardous Materials	-	-	-	-	-
6. Accidents	-	-	PASS - 0.00	-	PASS
SUM	6	0		6	PASS

Result: Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

HOW THE SA IS SCORED

FACTORS - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

CRITICAL/ACUTE - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

OUT OF SERVICE (OOS) RATE - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been more than three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is over 34%, one additional point is assigned to that factor.

CRASH FACTOR - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or if the non-urban carrier crash rate exceeds 1.5.

OVERALL STATUS DETERMINATION - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.





Part B Requirements and/or Recommendations

1. A copy of your carrier profile can be obtained for \$20 from the SAFER website (www.safersys.org) or by calling 800-832-5660 or 703 280-4001. You can also write: Computing Technologies Inc. P.O. Box 3248, Merrifield, VA 22116-3248. Profile cost if ordered by mail or phone is \$27.50.
2. A complete Educational and Technical Assistance package entitled "A MOTOR CARRIER'S GUIDE TO IMPROVING HIGHWAY SAFETY" is available free on the FMCSA website to assist you in complying with the safety regulations. It contains many forms and documents useful for improving the safety of your operations. Check: www.fmcsa.dot.gov/factsfigs/eta/index.html.
3. For questions about DOT numbers or biennial updates: 800-832-5660 or 703-280-4001
For questions about licensing, authority or MC numbers: 202-366-9805
For questions about insurance: 202-385-2423
For household goods complaints: 888-DOT-SAFT (888-368-7238)
4. Within 10 working days, file a properly executed MCS-90 financial responsibility endorsement with the Federal Motor Carrier Safety Administration, (... INSERT ADDRESS OF DIVISION OFFICE HERE...)
5. Do not allow drivers to drive interstate unless they have been physically re-examined each 24 months.
6. Ensure that all documents supporting records of duty status (such as toll, fuel repair and other on-the-road expense receipts, as well as invoices, bills of lading, dispatch records, etc.) are kept on file for at least 6 months.
7. Toll receipts and other on-the-road expense receipts, invoices, bills of lading, dispatch records, and other "supporting document" must be kept on file for six (6) months. This requirement also applies to records generated by the use of owner-operators. You may keep legible photocopies in lieu of originals.
8. Establish a system to control passenger-carrying drivers' hours of service. Do not dispatch drivers who don't have adequate hours available to complete assigned trips legally. Do not allow drivers to exceed the 10, 15, and 60/70-hour limits.
9. Notice: On April 28, 2003, the FMCSA published a final rule revising the hours-of-service regulations for commercial motor vehicle drivers. Under the new rule, drivers may drive 11 hours after 10 consecutive hours off-duty, but may not drive beyond the 14th hour after coming on-duty. Similar to existing rules, drivers may not drive after being on-duty for 60 hours in a seven-consecutive-day period or 70 hours in an eight-consecutive-day period. This on-duty cycle may be restarted whenever a driver takes at least 34 consecutive hours off-duty. Short-haul truck drivers, who routinely return to their place of dispatch after each duty tour and then are released from duty, may have an increased on-duty period of 16 hours once during any seven consecutive day period.

Carriers and commercial motor vehicle drivers are required to comply with the current hours-of-service rules through January 3, 2004. Compliance with the "new" regulations is mandatory for all carriers, except passenger-carrying operations, beginning on January 4, 2004. Passenger-carrying motor carriers and drivers are not subject to the new maximum driving limits. For more information on these regulations, please access the FMCSA website at www.fmcsa.dot.gov.
10. Ensure that each laboratory used in your drug-testing program provides a semi annual statistical summary of urinalysis testing of your drivers.
11. 60 minutes of Reasonable Suspension Training Required by Supervisors
12. Post Accident controlled substances and alcohol test requirements. 8 hours from time of accident for alcohol and 32 hours from time of accident for controlled substances.





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Part B Requirements and/or Recommendations

13. Ensure that each laboratory used in your drug-testing program provides a annual statistical summary of urinalysis testing of your drivers for each calendar and is to be kept on file for 5 years.



Abraham Postell
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392.395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines as well as all applicable State laws and regulations relating to the safe operation of commercial motor vehicles.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Abraham Postell, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

at _____

this _____ day of _____ 20____

Notary Public

Signature of Applicant
(Not Legal Representative)